



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 031000002

CITY OR TOWN EAST BROOKFIELD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: LASHAWAY INN INC.

DOING BUSINESS AS

ADDRESS 308 E. MAIN STREET

CITY/TOWN: EAST BROOKFIELD

STATE: MA

ZIP CODE: 01515

MANAGER: MEROLA,
MARION A.

TYPE OF LICENSE: Innholder

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY BLDG; THREE ROOMS ON FIRST FLOOR, PLUS OUTSIDE PATIO DECK; CELLAR STOCK ROOM, TWO FRONT ENTRANCES, ONE SIDE EXIT. SEVEN MOTEL UNITS WITH SEPARATE EXITS

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



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LICENSE NUMBER: 031000003

CITY OR TOWN EAST BROOKFIELD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: JEFFREY H. SMITH

DOING BUSINESS AS BAY PATH GOLF COURSE

ADDRESS 193 NO. BROOKFIELD ROAD

CITY/TOWN: EAST BROOKFIELD STATE: MA ZIP CODE: 01515

MANAGER:

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

LEFT SIDE OF NORTH BROOKFIELD RD. ONE STORY BLDG., MAIN FLOOR CONSISTS OF ONE CLUB ROOM, PRO-SHOP, RATIO, ONE FLOOR BALCONY, ONE ROOM IN CELLAR FOR STORAGE, TWO ENTRANCES, 1 EXIT S/S OF BLDG.

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3. the premises are now open for business (If not explain below)

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Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 031000011

CITY OR TOWN EAST BROOKFIELD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: DUNNY'S TAVERN LLC

DOING BUSINESS AS

ADDRESS 291 E. MAIN STREET

CITY/TOWN: EAST BROOKFIELD

STATE: MA

ZIP CODE: 01515

MANAGER: DUNLOP,
GERALD A.

TYPE OF LICENSE: General on
premise

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

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Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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(If disapproved explain)

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DATE:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 031000013

CITY OR TOWN EAST BROOKFIELD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: GRACIE'S ROADSIDE CAFE, INC

DOING BUSINESS AS E.B. FLATTS

ADDRESS 245 WEST MAIN ST

CITY/TOWN: EAST BROOKFIELD STATE: MA ZIP CODE: 01515

MANAGER: CONNER, SCOTT TYPE OF LICENSE: Restaurant CATEGORY: All Alcohol
M.

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

SINGLE STORY, OAK POST AND BEAM RESTAURANT, 36X48 WITH FULL BASEMENT.
INTERIOR IS OPEN WITH SEATING FOR 50 PATRONS

I hereby certify and swear under penalties of perjury that:

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SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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(If disapproved explain)

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 031000015

CITY OR TOWN EAST BROOKFIELD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: BKK HOUSE, INC.

DOING BUSINESS AS THAI HOUSE RESTAURANT

ADDRESS 355 EAST MAIN STREET

CITY/TOWN: EAST BROOKFIELD STATE: MA ZIP CODE: 01515

MANAGER: KEMP, ROBERT TYPE OF LICENSE: Restaurant CATEGORY: All Alcohol
LOUIS

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

SOUTH SIDE OF EAST MAIN STREET, ONE STORY WOOD FRAME BUILDING, THREE ENTRANCES, BULKHEAD, BAR ROOM AND KITCHEN FIRST FLOOR, CELLAR FOR STORAGE SECOND FLOOR NOT LICENSED, STORAGE IN REAR OF FIRST FLOOR.

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DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 031000016

CITY OR TOWN EAST BROOKFIELD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: BAYPATH LANES LLC

DOING BUSINESS AS BOGEY LANES

ADDRESS 199 NORTH BROOKFIELD ROAD

CITY/TOWN: EAST BROOKFIELD STATE: MA ZIP CODE: 01515

MANAGER: LUKSHA, DAN TYPE OF LICENSE: General on
premise CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY BUILDING, MAIN FLOOR CONSISTS OF FUNCTION ROOM, BOWLING AREA,
ARCADE/POOL ROOM AREA...ONE ENTRANCE...FOUR EXITS

I hereby certify and swear under penalties of perjury that:

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DATE:

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EMPLOYER IDENTIFICATION NUMBER:

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DATE:



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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 031000017

CITY OR TOWN EAST BROOKFIELD

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: DEPOT SQUARE DELI & PACKAGE STORE LLC

DOING BUSINESS AS

ADDRESS 104 PLEASANT STREET

CITY/TOWN: EAST BROOKFIELD STATE: MA ZIP CODE: 01515

MANAGER: MITCHELL, PAUL TYPE OF LICENSE: Package Store CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

PREMISES IS LOCATED ON THE FIRST FLOOR OF A TWO STORY BUILDING. TWO ENTRANCES AND TWO EXITS. FRONT OF PREMISES IS RETAIL SELLING SPACE. REAR OF STORE IS STORAGE AREA. APPROX. SQ.FT. IS 1700 FEET.

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TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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